

TOWN OF GRANBY SENIOR CENTER SURVEY

Please indicate how frequently in the past six months you used the following activities or services at Granby Senior Center.

Have You:	Never (zero times)	Occasionally (up to 3 times)	Often (4 times plus)	Unaware of program or service.
Attended Community Cafe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended a special event or meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended a trip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in the Senior Van Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in an exercise activity? - (I.E., PACE for Arthritis, Weight Bearing-Men, Weight Bearing-Women, Tai Chi, Yoga)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended health clinics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended 55-Alive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in a Skin Cancer Screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borrowed from the Medical Equipment Closet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used the A.A.R.P Tax Help Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in the Hear Again program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended Computer Activities? (I.E., Beginner Microsoft Word, Digital Camera, Genealogy, Adobe Home Edition, Computer Buddy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended any Clubs offered? (I.E., Camera, Civic, Men's Breakfast, Senior Club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended special groups? (I.E., Artists, Bridge Players, Billiard League, Drop-in Coffee, Needle workers, Card Players, Board Gamers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilized the Social Services Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteered at the Senior Center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not come to the Senior Center in the last six months, WHY?

Do not know where it is	<input type="checkbox"/>	Do not feel welcome by staff	<input type="checkbox"/>	Nothing interests me	<input type="checkbox"/>
No one to go with	<input type="checkbox"/>	Do not feel welcome by other users	<input type="checkbox"/>	No transportation	<input type="checkbox"/>

Please rate the activity you have used:

					Would you attend again?	
	Excellent	Good	Fair	Poor	Yes	No
Congregate Meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Events/ Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Van Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you find it easy to register for events and programs? __yes __no

Do you find the programs and /or trips are affordable? __yes __no

Are you satisfied with:

	Yes	No	If no, please explain.
Facility:			
Signage for the building	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior Building Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Interior Building Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Handicapped Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	
Space appropriated for events	<input type="checkbox"/>	<input type="checkbox"/>	
Hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	
Staff:			
Assistance in meeting your needs	<input type="checkbox"/>	<input type="checkbox"/>	
Courtesy and responsiveness when seeking information	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledge about services, activities, and resources	<input type="checkbox"/>	<input type="checkbox"/>	

How do you receive information on Senior Center activities and special events?

Golden Gleanings - Newsletter	<input type="checkbox"/>	Sign Up Sheets	<input type="checkbox"/>
From groups you belong to at the Center	<input type="checkbox"/>	Word of Mouth (outside friends)	<input type="checkbox"/>
Flyers around town	<input type="checkbox"/>	Newspaper / Drummer	<input type="checkbox"/>

Do you receive information about events and programs in time? __yes __no

For future planning:

Please check all that would interest you:

Programs:		Trips:	
Arts and Crafts Group	<input type="checkbox"/>	Local/Regional programs	<input type="checkbox"/>
Book Group	<input type="checkbox"/>	Cultural events (museums, theater, concerts)	<input type="checkbox"/>
Women's Breakfast	<input type="checkbox"/>	Recreational events (swimming, bowling, skating)	<input type="checkbox"/>
Weekly Soup Lunch	<input type="checkbox"/>	Sporting events	<input type="checkbox"/>
Monthly Breakfasts	<input type="checkbox"/>	Charter Tours	<input type="checkbox"/>
Monthly Dinners	<input type="checkbox"/>	Other	<input type="checkbox"/>
Advanced Computer Classes	<input type="checkbox"/>		
Advanced Exercise Classes	<input type="checkbox"/>		

Please check times you are likely to attend during extended hours:

Mondays – Thursdays	4:30-6:30PM	<input type="checkbox"/>	Mondays – Thursdays	6:30- 9:00PM	<input type="checkbox"/>
Saturday mornings	9:00AM – 12:00PM	<input type="checkbox"/>	Saturday afternoons	12:00-4:00PM	<input type="checkbox"/>
Saturday evenings	5:00-9:00PM	<input type="checkbox"/>	Sunday afternoons	12:00-5:00PM	<input type="checkbox"/>

As the one taking the survey, please indicate the following:

Gender: ☐ male ☐ female

Name: _____(optional)

Age: ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ 90+

Phone: _____(optional)